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CLERK'S OFFICE
U.S. DISTRICT COURT

## REPLICA DE OBJECION GLOBAL

L DATOS DE CONTACTO

Nombre John Miles ZVAYAL

Dirección Postal CAITE AM DA

Teléfono de contacto res 772167013 .cel. 777-213-9720

.II. Épigrafe.

- A. Secretaria (Clerk's Office) Tribunal de Distrito de les Estados Unidos. Reom: 150 Federal Building San Juan Puerto Rico 00918-1767
- B. Estado Libre Asociado de Puerto Rico y otros (Deudores)
- C. Número de Piosedimiento: 17 BK 3283--CTS
- D. Objection Global referente a la solicitud de direros no pagados per el Estado Libre Asociado de Pigerio Rico:

Numero de las evidencias por reclarno.

#49762 - Ley#89 - Romerazo - Efectiva en 1 deviulo de 1995.

#94057 - Ley de Escala Salanal - Pasos, del 6 de junio de 2008

#9662) — Liey #96: (2002): del Dr. Pedro Rosello — efectivo Idlio de 2002 Ley #162 (2004): de la Sra, Sila Calderon— efectiva enero 2004.

III. El Tribbhal no debe declarar la Objection Global, depido a que son dineros adeudados mediante la aprobación por el gobierno del Estado Libre Asociado de Puerto Rico de las siguientes leves:

Ley 89 Romerazo – Efectiva en 1 de julio de 1995.

Ley de Escala Salanial - Pasos del 6 de Junio de 2008

Levi#96 (2002) čiej Dir. Pedro Rosello:-- efectivo julio de 2002

i ev #164 (2004) desla Sta. Sila M. Calderón efectiva enero 2004

| ١٧.   | Documentación Justificat | iva            |                  |     |              |             |
|-------|--------------------------|----------------|------------------|-----|--------------|-------------|
| • • • | incluyen documentos que  |                | do comicio       | COD | Puerta Bigo. | . Telephone |
| 6-    | believen documentos que  | evidencian los | anos de Selvicio | 00  | 427          | hasta el    |

Company, Ponce, Puerto Rico desde el Company laborar Culmine mi an Puerto Rico Telephone Company, Ponce, Puerto Rico, ELA. Se esta reclamando por las leyes

aplicables que cubren estos años de servicio educativo.

Se incluyen documentos que evidencian este reciamo. Debido a la reciente situación de emergencia por terremotos y COVID-19 en Puerto Rico. se están enviando las réplicas en esta fecha. De necesitar información o documentos adicional, favor comunicarse con la que suscribe.

Nombre en letra de molde

Firma

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Proof of Claim: <CLAIM NUMBER Claimant: >CLAIMANT NAME<

# INFORMATION REQUESTED TO PROCESS YOUR CLAIM

Please answer all four (4) questions and any applicable sub-questions. Please include as much detail as possible in your responses. Your answers should provide more information than the Initial proof of claim. For example, if you previously wrote as the basis for your claim "Ley 96, "please elaborate as to the specific laws on which you are purporting to rely, the year the law at issue was enacted, and how and why you believe such particular law provides a basis for your claim. Additionally, if available and applicable to your claim, please provide:

- Copy of a pleading, such as Complaint or an Answer,
- Any unpaid judgment or settlement agreement;
- Written notice of intent to file a claim with proof of mailing;
- Any an all documentation you believe supports your claim.

Please send the completed form and any supporting documents via email to PRClaimsinfo@primederk.com, or by mail or hand delivery to the following address: .

Commonwealth of Puerto Rico Supplemental Information Processing Center c/o Prime Clerk, LLC 850 Third Avenue, Suite 412 Brooklyn, NY 11232

#### Questionnaire

What is the basis of your claim?

A pending or closed legal actions with or against the Puerto Rico government

XeCurrent or former employment with the Government of Puerto Rico

nOther (Provide as much detail as possible below. Attach additional pages if needed.)

2. What is the amount of your claim (how much money do you claim to be owed):

3. Employment Does your claim relate to current or former employment with the Government of Puerto Rico?

p No, Please continue to Question 4. Yes, Answer Questions 3(a) - (d).

3(a). Identify the specific agency or department where you were or are employed: 3(b). Identify the dates of your employment related to your claim:

| 3(c). Last four digits of your social security number:                                          |
|-------------------------------------------------------------------------------------------------|
| S(s). Liste 1910 1910 1910 1910 1910 1910 1910 191                                              |
| 3(d). What is the nature of your employment claims (select all applicable):                     |
| pPension<br>nUnpaid Wages <b>X</b><br>pSick Days                                                |
| pUnion Grievance                                                                                |
| nvacation<br>nother (Provide as much detail as possible. Attach additional pages if necessary). |
|                                                                                                 |
| 4. Legal Action Does your claim relate to a pending or closed legal action?                     |
| s No <b>X</b><br>o Yes.                                                                         |
| *(a). Identify the department or agency that is a party to the action.                          |
| 1/2/0011-10-22/31-1-3                                                                           |
| 4(b), Identify the name and address of the court or agency where the action is pending:         |
|                                                                                                 |
| 4(c). Case number: 49762                                                                        |
| 4(d). Title, Capillon, or Name of Case: Downer G 20                                             |
| and, thick dispersion or concluded);                                                            |
| Devid 192                                                                                       |
| ः अर्(f). De you have an unpaid judgment? Yes/No (Circle one)                                   |
| If yes, what is the date and amount of the judgment?                                            |

| RECLAMANTÉ: John Miles Zryas                                                                                                               |
|--------------------------------------------------------------------------------------------------------------------------------------------|
| NUMERO DE PROCEDIMIENTO 17 BK 3283 - LTS                                                                                                   |
| NUMERO DE RECLAMACION: 49762                                                                                                               |
| Reclamación de dinero adeudado de leyes aprobadas que me competen por mis años de servicio desde el de |
| 2017 como retirco - Francourse                                                                                                             |
| de la Puerto Rico Telephone Company - ELA.  1 Lev 89 – julio 1995 – ROMERAZO CANTIDAD \$ 14 00                                             |
| 1. Ley 89 – julio 1995 – ROMERAZO CANTIDAD \$  Así como otras leyes que me aplíquen y no se me otorgo la compensación correspondiente.     |
|                                                                                                                                            |
| Le agradezco la atención sobre este asunto.                                                                                                |
| Atentamente,                                                                                                                               |
| Nombre en letra de molde                                                                                                                   |

firma y fecha

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| John Wieles Zmins                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |
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| Évidencia de trabajo de Puerto Rico Telephone Company en Ponce, Puerto Rico – ELA,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |
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### NOTA

## INSTRUCCIONES PARA ENVIO POR CORREO

- SACAR TRES SET DE COPIAS DE LOS DOCUMENTOS JUNTO A TU CARTA DE JUBILACION (DONDE SENALA FECHA DE INICIO Y TERMINACION)
   ENVIAR EN SOBRE MANILA A ESTAS DIRECCIONES
- - Abogado de la Junta de Supervision (Counsel for the Oversight Board) Proskauer Rose LLP Eleven Times Square New York, NY 10036-8299 A/A: Martin J Bienenstock. Brain S. Rosen
  - Abogado del Comité de Acreedores (Councel for the Creditor's Committée) Paul Hasting LLP 200 Park Avenue New York, NY 10166 A/A: Luc A. Despins James Bliss James Worthington G. Alexander Bongartz
  - Secretaria (Clerk's Office) Tribunal de Distrito de los Estados Unidos Room 150 Federal Building San Juan, PR 00918-1767

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